

EXHIBIT J



SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY RENEWAL APPLICATION

1 Name of Insured

Project Veritas

Address Project Veritas Action Fund (as additional named insd)
1214 W. Boston Post Rd. NO 145 148
MAMARONECK NY 10543

Website projectveritas.com

2 Have there been any changes in the nature of the Applicant's business in the last 12 months? If yes, please explain:

NO

3 During the past 12 months has the name of the firm changed or has any other business been acquired, merged into or consolidated with the Applicant? ☐ YES ☒ NO

If yes, please explain detailing any liabilities assumed. N/A

4 List gross receipts from activities for which coverage is currently provided:

Gross Receipts

Last Year

\$ 4,310,122

Current Year

(based on 12 months)

\$ 4,724,356

5 Describe the (5) largest jobs or projects in the past year:

Name of Client	Services Provided	Gross Billing / Fees
Project Veritas	Accepts unrestricted contributions to our General Revenue Fund.	
Project Veritas	determines which investigations to undertake, when to conduct the investigations and how to conduct the investigations.	

NOTICE TO THE APPLICANT Project Veritas has no obligations to "clients."

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. It is agreed that this Application shall be material to the contract should a policy be issued and it will be attached to and become a part of the policy.

Signature of Applicant:

Date Aug 9, 2016

Signature of a person authorized to execute on behalf of the Applicant.